

DCoE April 2013 Webinar

Welcome, and thank you for standing by. At this time, all participants are in a listen-only mode. We will conduct a question-and-answer session during the conference. To request to ask a question, please press “*1”. Today’s call is being recorded. If you have any objections you may disconnect at this time. I will now turn today’s meeting over to your host, Colonel Rick Campise you may begin.

Good afternoon. Thank you for joining us today for our April webinar. My name is Colonel Rick Campise. I’m the deputy director of the National Center for Telehealth and Technology in the National Capital Region. I will be your moderator for today’s webinar. But before we begin, let’s review some webinar details. I believe live closed captioning is possible. It’s through the Federal Relay Conferencing Captioning. Please see the pod beneath the presentation slides.

Today’s webinar is hosted using the Adobe Connect and the Defense Connect Online platforms. Should you experience technical difficulties, please visit DCoE.health.mil/webinars to access troubleshooting tips. There may be an audio delay as we advance the slides. Please be patient as a connection catches up with the speaker’s comments.

During the presentation several video also be highlighted. Depending on you network security settings there may be a noticeable buffering period. These videos will be available as downloads before, during, and after the presentation. You’re welcome to submit technical or content-related questions via the question box, which is located on the top left of the screen. The question box is monitored, and questions are forwarded to our presenter for response during the question-and-answering session held during the last half hour of the webinar. Our presenter and I will respond to as many questions as time permits. At the end of today’s webinar, detailed continuing education information will be provided to you. I will now move on to today’s webinar topic, “Military families and coping with reintegration challenges.”

Since the onset of Operation Enduring Freedom and Operation Iraqi Freedom, military children have experienced various stressors, including repeated parental deployment, parental injuries, and at times, the death of a parent. In response to these stressors, children and teens may experience a wide range of emotions and behaviors. Health-care providers who serve military families have a unique opportunity to help parents and children struggling with deployment, parental injury, and/or grief and loss.

This webinar will cover roughly three main areas. Number one, it will discuss the strengths of military families and the challenges they face; number two, discuss how parental deployment, injury, or death is a stressor to military children; and three, describe the role of health-care providers in supporting military children who have lost a parent.

At this time it is my pleasure and honor to introduce to you today’s presenter, Dr. Kelly Blasko. Dr. Blasko is a licensed counseling psychologist with the National Center for Telehealth and Technology, where she manages development of the Militarykidsconnect.Org website. Most recently, she redesigned the Militarykidsconnect.org website content for the post-traumatic stress, physical injury, and grief and loss modules for military kids, tweens, and teens ages 6 through 17. Dr. Blasko’s expertise focuses on translating psychological requirements and interventions into web-based solutions and mobile applications for military families, educators, and providers. She earned a PhD in counseling psychology at Penn State and holds a Masters Degree in Marriage and Family Therapy from Appalachian State University. Welcome, Dr. Blasko

Thank you, colonel Campise. It’s my pleasure to be here to talk to you about military families and children, based on working for almost three years, talking to military families and children around all aspects of deployment, but now specifically with the reintegration issues. Next slide.

Before I start, I will read this disclaimer. The opinions or assertions contained herein are the private views of the presenter and are not to be construed as official or as reflecting the views of the Department of the Army or of the Department of Defense. I do not have a relevant financial relationship to disclose, and I do not intend to discuss an off-label investigative use of a commercial product. Next slide.

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As Colonel Campise noted, these are the three objectives for the webinar today, and so I won't repeat, so just go to the next slide. So what I wanted to talk to you about is kind of give you a view of the military family as a whole, and the talk is focused on reintegration; however, all aspects of the deployment cycle really feed into that time period after service members come home and the family adjusts. Often, I'll talk about family, and certainly family can mean a lot of things. In my examples or discussion I'll be thinking of kind of the traditional family, a mother and family, but, of course, we know there's a lot of other family constellations.

I think a really important part of understanding deployment and reintegration is also to understand the military culture, and I'll go over that. I'm going to be taking a systemic look at reintegration and a focus on a strength-based model for helping these children and their family. I will be focusing on reintegration, particularly around injury, and at the end, talk a little bit more about some other challenges coming up. Next slide.

This is just kind of a overview timeline just to give you a sense of kids and families that have gone through deployment. So since 2011, any child that's born at that point, and currently, they 11 years old. But if you think back about a 17-year-old, they probably -- or a six-year-old, when the first deployment started thinking about, so, really, I want to look at not only young children but the whole way up through teenagers. Next slide.

In the next slide I'm going to be going through some demographic information. I'm just going to highlight kind of the main points. First, I'd like to just talk about the number of access duty reserves and guards. I think the important thing here is that there is a large portion of reserve and guard, and that creates a different situation than active duty service members who live near a military community. With the reserves, they may be only the only family in their area and not have any access to military services close at hand.

The other thing to notice is that the active duty force is a younger force, 25 years and younger, and similarly, for reserve and guard, so that indicates that they're a young family, and often have young kids as well. And then you see the breakout for men and women. Next slide.

Here's an overview of the marital status. There are more inactive duty, more married service members than within the reserve, but I want to highlight one important part of families now, is the number of active duty members in dual military marriages, and one of the really important parts of that is kind of what happens with families. So if there are two people, often in the same service but not necessarily so, you know, when they're deployed, are they deployed at the same time, is there an overlap in the deployment, or do they alternate?? So know someone who he was deployed for a year, and as soon as he came back, his wife deployed, so that changes not only the parental system but, you know, getting used to another parent who is in charge compared to before. Next slide.

So this is slide 13, at the family status, approximately 40% of service members have children, and one of the key considerations right now are single parents who have children, which affect the children most, because, often, they have to move to live with a relative and move away from friends, and it can be isolated because they would not necessarily be living within a military community. So that's a pretty significant challenge. Next slide.

And this gives you the demographics in terms of the number of active duty and reserve who have children, which is about 45% almost. Next slide. On slide 15 you see kind of the age groups for the children, so active duty tend to have younger children. That goes along with the fact that they're a younger part of the military, 25 and younger. The reserves have older children, you know, more like grade-age children, and that also does respond -- probably corresponds to the older demographic of reserve and guard. Next slide, please.

So one thing that's very constant about military life is change. Change is inevitable, whether it's a move or a deployment, and this slide is to indicate kind of the influencers on military children. Certainly any child has all these influences; however there are some unique parts related to the military. So first, the family is

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a somewhat constant part of military life in terms of social context, so often the family moves, not always necessarily together, but that's kind of one of their core day to day, something that they can count on. Now if they move, obviously their friends and their teachers change, and that can be stressful. Friends certainly, for peer support, but also teachers are their day-to-day influencer in the classroom. One thing that we learned from parents, military parents, when we actually put our website out was that parents really want teachers to know what their child's day-to-day experience is and how that might affect them in the classroom.

If we look at the environmental context, then it certainly corresponds to the kind of kids and teachers they're relating to, but all of the home-school children play change depending on the living situations, like I was mentioning if they are single parent moving, if a parent's deployed and maybe needs different resources, they may move away to live with relatives, so environmentally that can all be changing at the same time as a deployment or even training machine, and then the military community.

Now with active duty it's a little bit more obvious, because a lot of times active duty service members live near an installation or on an installation, so just their day to day, they're entrenched in the military community. And although the reserve and guard don't have that immediate social support like right next to each other or they're the only child or family that the military -- even though they don't have easy access to those types of service on a day-to-day basis, they still often know that they're part of a military community. They may just may not identify -- you know, in that civilian community have the services, but the values and type of lifestyle that they live can be very similar to active duty. And then, of course, society, really, one of the main things is the attitudes towards conflicts and wars and how that gets trickled down to children in terms of what they see on the news, how it might be a conflict with negative news versus their parent being on deployment.

And one thing I wanted to mention also is that friends may or may not understand what their peer is going through, and probably the worst advice military children said over and over of anybody is everything's going to be okay. They don't know that for hundred percent, and they find that to be really unhelpful, and also, that that person doesn't understand their experience. So next slide.

Here's listed some of the military culture values on the left. Certainly trust is the most important, and it's the whole concept of "I've got your back," whether it's a combat buddy or spouses supporting each other, or even military leaders at the highest level doing what they think is best for the service members. Now how will these cultural values translate for children are, for example, service. A high sense of service, you see a lot of military children volunteering, getting active in organizations and giving back to their community. Duty, now that can get displayed in terms of being the man of the house when a parent gets deployed or, you know, caring for their siblings, because they have that additional responsibility and feel it's their duty to support their parent who is deployed.

Honor actually can actually get translated in the case of, like, injury or death, as a child may feel, and often does feel, very proud of their parent for their service to the country. And on the right there are some comparisons between military children and civilian children in terms of their characteristics. And one that I want to really point out is the last one about befriending someone who is different. A lot of military children really do know what it is to be the new kid on the block, and also it lends itself to a broader view of people and maybe cultures that are aware of based on moving frequently. Next slide.

This is kind of an overview of what I think of in terms of kind of the main transitions over time. On the top you see currently kind of what we're faced with today, moving from conflicts to peacetime, fewer deployments, not necessarily no deployments. But today's military and families know what it means to live during a wartime and less about peacetime, and one big difference is the mission can be very ambiguous or not as clear during peacetime. Then the day-to-day life transitions, currently you do have deployment cycles and multiple deployments. The last time I saw kind of the average number of deployments is three per service member, and, you know, then all of that deployment cycle influences the reintegration that's happening when either they go out of the service or come home and not deployed again or just coming home between a deployment.

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I'm not going to talk about this too much, but another really important area is the fact that military moving to civilian as their reduction in force is really difficult transition, moving from maybe a military community to the civilian community and all the rules are kind of different. And then finally, the family stress between separation and adjustment. And I have moving there; moving is just a constant. It's the norm, in fact, for military families. Next slide.

You may have heard of the word "readiness," and what I want to highlight is up until maybe a couple years ago, readiness really referred to service member readiness. But Michelle Obama really has shifted that in terms of looking at, now, family readiness and supporting the family, and that can be physical readiness, the practicalities of going to a deployment, like getting your finances in order, and now, even more so, the emotional preparation. So that has been a key shift in terms of how service members become ready, as well as the family. Next slide, slide 20.

Just looking systemically at the system, definitely this is very generic, and I don't really want to come across as stereotypes, but in order to explain the concept I'm trying to pick just one model. So before deployment there's the marital subsystem, you know, you have the spouse that would be deploying and then the spouse staying home. Both are parents to the children. In pre-deployment the deploying parent has some interaction with the -- well a lot of interaction with the military unit in terms of preparation, and like I mentioned, readiness, and then the children are, you know, being parented by both, like I mentioned.

There's a start of separation from the deploying parent in terms of training, sometimes they move away for training, and they are trying to focus and learn about the mission that they're headed towards. Family of origin has some influence in the sense that military -- were they in the military or not and how that might influence the family as a whole. Next slide.

So now if we look at when it changes to deployment, you see that the marital system now is a long-distance relationship, and the at-home parent is the single parent, and the children are taking on responsibilities from the shift of a deployed parent going away. Now when a family finds out that their service member is going to be deployed or parent, the overarching fear for the entire family is the fear of being injured or not safe or even death. So that kind of permeates this whole family system.

Another thing that's important to note is communication is a lot more accessible in terms of, like, Skype and video chat, and e-mails, texts, things like that, so it often appears that families can communicate better, but there are some complications with that. First of all, time differences, a lot of kids don't understand the time difference between talking to their parent. It's not necessarily predictable communication, so kids can be let down if their mother or father talks at night when they're sleeping, and the service member, being in a different environment, starts hearing about the day-to-day, but also, they're faced with some significant day-to-day differences living in the combat zone. So it's really important, because communication is certainly important for a family system. Next slide.

One thing that can really be helpful in clinical care is to look at the family systems and the relationships that exist, and there's a tool called "Genogram," which will help you understand the family. It's a way to map out the relationships. And now if we kind of add the component of the military into the Genogram, I think it can be a really helpful tool as a provider to understand the military culture aspects of the family, things that influence them just because they're military family, and then it can lead us into things that might help us understand diagnostically what type of help that particular family needs or that particular child or at-home parent. It can help us understand separations and adjustments and also protective and risk factors. Next slide.

So on this slide I'm looking at some of the kinds of elements you might want to collect in the Genogram. So first of all, just kind of a family history, you know, what were they in the family, generations that were in the military, you know, the length of service, how many deployments, was there any particular complications around discharge status, what the attitudes for military are in the family, as well as in society, whether they served during a war or not, or if they're getting out of the service. Behavioral and physical concerns of all family members could be risk factors to stress; for example, the mental health of

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the at-home parent and how that influences the children at home as well. Certainly witnessing different things while on deployment, whether it's casualties, injuries, whether they had a buddy killed, and any changes in their physical health while they're gone.

And then another interesting one is the willingness of self disclosure. So if someone in the family, maybe the service member, not willing really to talk about when they're away, it's very stressful for them. They may not have the words to talk about it. They may not want to burden the family. And also on the other side, children afraid to talk about what their experience might have been, and that's really important, because it can influence maybe some of the conflicts in the family or the unknowns that are happening. Certainly the living arrangements are important, you know, will they're on or off base to kind of get a sense of their support system. Another really interesting part is the birth, so when a parent deploys they may have one child, they deploy again, they have another child, and then so each child has a different experience from the other child because of maybe the number of deployments they've lived through. Next slide.

So this slide indicates the risk factors, a lot of what I have been explaining up to this point, and one thing I wanted to mention, a specific highlight is about the non-deployed parent stress levels. Much of the research indicates that the at-home parent stress or mental health can really have a negative outcome on children, so it's really important for that parent to take care of themselves so that their children can also benefit and have better outcomes as well.

Also noted here is the social connectedness and resources like I mentioned, particularly with the National Guard and Reserve, even language barriers. If they're in a country that speaks another language or they're living in another culture, they may be feeling isolated because they don't know the language; unavailability of friends and family. So next slide, slide 25.

The bottom line is that military kids and families have a significant level of stress. It's well documented that military kids, their biggest presenting concern is anxiety. It may be shown as a somatic complaint. You may notice it as a regression in behavior, or in the case of teens, some risky behaviors. Also where anxiety is high, you might see kids trying to be perfect to protect the family or the parent. But two of the most significant contributing factors, like I mentioned, the health of the non-deployed parent, both cumulative deployments, and not necessarily the number of deployments but the amount of time that they're away from the family, because that's a big separation. Also the number of transitions, the constant, you know, going away, coming back, moving, then, actually even now, militaries as civilians. And as I mentioned before, the number one fear is will my parent and spouse be safe and return unharmed.

I remember we had a focus group with tweens, ages 9 to 12, and, you know, all the kids in the focus group were kind of off doing different things and not really paying attention, and then one child started talking about his fear of his parent dying. Immediately, the entire room got silent and focused on that particular topic, and the discussion started. So it just really points out to the fact that that's front and center in military children's minds.

On the next slide, talking about help seeking, particularly for active duty spouses, and by that I mean they're the at-home spouses who their service member is deployed. You see here that it's a low percentage. 17% percent of active-duty spouses indicated in this particular study that they would seek mental health counseling. What I don't know or wasn't reported was how many of those spouses admitted to having mental health problems. But 17% is pretty low in general. I mean this actually indicates for the past six months. So I would say that the help seeking, there must be some barriers to help seeking to this group, and not surprisingly, given all the literature stigma, probably is the number one barrier.

If you look at the next slide and the types of issues that active-duty spouses are looking to receive or when they're discussing counseling, the number one is coping with stress. And if you look at the list, pretty much all of them have some type of family orientation like dealing with family separation, marital issues, parent/child issues, but, I mean things like problem solving and crisis situations also come up as well. Next slide.

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So when I mentioned the barriers for care, they looked at kind of what was impacting the spouses to do counseling -- or not get counseling, sorry. The number one is being difficultly to get off work or childcare, and that wouldn't be surprising if their parents deployed, because they do depend on that, and a lot of spouses work, so actually, getting off can be difficult. If they live near a base, oftentimes childcare is provided on base, but if not, that can be of concern. But probably the one that I heard the most is that it would harm their spouse's career. Because of the stigma that we're trying to overcome in the military to get services, mental health services, counseling support, there's a fear that it would impact their status as active duty, and also that the spouse feels that if she or he is to get mental health care that that would have the same affect. Also, you know, being seen as weak, which influences that, and also kind of the not going outside the family for counseling to kind of reveal that there is any problems.

Now how that translate to children, there actually are studies that indicate that children, there are more outpatient visits by military children during an deployment than would be prior to, but I don't know necessarily how that's linked to parental or spouses looking for counseling. Next slide.

So I think it's pretty easy to say, because these families are military families and military children, that they have all these problems, and, you know, it certainly is a vulnerable population. But rather than being problem focused, I think what we need to acknowledge is their resilience. I mean their life is about change. Moving, that's their norm, and for the most part, a lot of families and children cope very well. But, of course, there are problems, so by focusing on what is going well would be really important. It would not only help build on their strengths and empower them to use the strengths but also, shift for them to say, "Well, you know, their problem is too big and is going to get blown out of proportion if it's found out that they're seeking care."

An example of how to kind of look at what is going well would be during a move or a deployment the kids are worried about making friends. "Oh, I'm not going to have any friends anymore." But focusing on, "Well you had friends in the last place, what helped you to do that?" Maybe, you know, they're having problems at school and they're saying, "I just can't seem to focus on tasks and have the same grades, perfect grades." Maybe looking at what did help them in school before would be a way to also take it from a strength base. Also, because of transitions, as I mentioned, we don't want to just assume that's leading to problems. It can lead to challenges but, again, let's focus on their strengths, and how can we enhance their coping skills and enhance their life to prevent problems, and acknowledging the difficulties. So, like I said, everything's going to be okay, that's really not acknowledging the difficulties. It's almost dismissing them, acknowledging the difficulties in the sense of the positives and the opportunities that could help them cope better. Next slide, slide 30.

So if we look back at the family system about before coming home, two kind of changes that I'd like to identify that I think really impact when they get home, and it is about the changes that each member of the family undergoes when the parent is away. So combat changes, like I mentioned for the Genogram was what had that spouse or parent witnessed? What close bonds do they have with their buddies that they were with, the hypervigilance that was required, perhaps to meet the mission; less sleep and irregular times of sleep affecting the psychological part of the deployed parent.

And then on the other side, for the children, are the developmental changes. So, you know, the child is five years old when his or her parent left and now they're six years old, they may just be starting school or getting into school, so their parent doesn't know that. They know them not in school. But now they're in school, what does that mean? And then for older kids, like 14 to 15, you know, before they left, maybe they wanted to be with their parents and family more but now it's more peer focused. And certainly for the stay-at-home parent, being the only parent is now going to change to being two parents. So next slide.

So when we think of reintegration, I've highlighted here some of the key things that have to kind of change and adjust in the family once the service member returns. So, first, reestablishing the marital relationship, you know, you're not separated, you're not limited to just ten minutes or Skype or talking about things that are in two different environments. You haven't been together. You've both changed. And also the reestablishment of the relationship with the children, some of that comes from, you know, there's

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this new parenting system. They were used to going to one parent, now they have two, and they don't know who to go to, and the deployed parent that's come home doesn't know -- just steps in and thinks it's going to be the same, but it isn't, or doesn't even know how to approach a particular situation.

I was talking to someone yesterday, and they said when their dad comes home, all of a sudden he's, like, barking out all these orders, and they're like, "What? What's that all about?" So it's just a constant change and getting to know each other again. Then, you know, on top of that, if there's any type of injury, whether it's visible or invisible, or even in the case of death. Next slide.

So in these next four slides after this, I'm going to talk about the work that I've done in terms of talking about family adjustment around the different changes, and each of the ones I'm going to talk about, how the family adjusts, and I have some video clips that I'll show you of actual military children talking about their experience with a parent coming home with an injury or the loss of a parent.

So next slide on physical injury; this kind of highlights kind of the four phases of physical injury in terms of talking with kids, so finding out. You know, finding out, there could be disbelief, they're not seeing it, and certainly that number one concern is are they going to die, is the injury significant enough that it might put them at risk to die, or what will it mean to the kid? What will it mean to their lifestyle? The other part of it is often, you know, they've been deployed, they're separated at that point and now they're in a hospital, maybe close or not close, and it may be some time before the child can see them, and that cannot necessarily be very known. I mean when they're going to be able to see their parent isn't necessarily a concrete amount of time.

Then visiting the hospital, you know, many children have not even been in a hospital, and certainly not usually because a parent has some type of physical injury. So it's really helpful for the parent to ask the hospital nurses, doctors, psychologists, whatever, you know, how would it be helpful to make children comfortable coming to the hospital. What kinds of things should they tell their children prior to it? What kinds of things would be okay to say? How should the parent that's in the hospital talk to the children when they come in? And then the other thing about the hospital and rehabilitation is the distance, so they might not be close to those services, so they may be living with a relative as well or not even be able to go to hospital at all during the recovery phase. And then coming home, you know, where is home going to be, depending on the release from the care, and then also being in public. It's not only visible to them but it's visible to everybody else, and how they're going to react to that. So what I'm going to show you is a video clip about two sisters talking about their individual experience about when their parent comes home.

Okay, so when you see that, I think the thing that stands out to me the most is that each child has a different experience in this case when their parent comes home. You know, they're in the same situation, maybe in the sense that they're living in that family, or in some cases not, like a stepfamily, but their experience with their parent is different, and also, their parent is also experiencing it with their child maybe in different ways, and it's really important to kind of prepare both sides, the injured parent coming home, as well as the children, as much as possible, to let them know to eliminate a lot of unknowns and to spend time figuring out when they come home what are some of the things that the kids can do to, you know, cope, by talking to someone or having structure in their life, to not have unknowns in other ways can reduce a lot these anxieties. And with physical injury, certainly you can see it, so it's not such a behavioral observation as much as that it's very visible and they know there's an injury. Next slide.

However, with post-traumatic stress certainly you've probably heard of it as the "invisible injury" because you can't see it, but for children it's behavioral observations that they see. They notice the differences. They notice behaviors in their parents that they never saw before like hypervigilance or avoidance of crowds, or even not being able to participate as a coach in their sports like they did before, or, you know, go to amusement parks or places where there are crowds, like in malls, or the tendency to hear a loud noise and, you know, fall to the ground. They might notice that they're having sleeping issues. So, really, from the kids' perspective, they notice the differences. And one of the things that makes it difficult if they don't know what is going on, or if they haven't quite figured it out, is they're tending to try to kind of understand the effects. So did they cause these changes, because they might think, "Oh, I did this and

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my dad acted that way.” They may have -- you know, if they slam the cupboard that might be a trigger, but on the other hand, it might have nothing to do with it. So it’s really, in figuring it out, it’s kind of teasing out of what’s really part of post-traumatic symptoms and what kids are doing and maybe how it affects it, or maybe not, so that there’s not this constant blaming or it’s my fault that my dad or mom are having these symptoms, or these behaviors, I guess.

And then there’s the whole part of figuring it out; as a family figuring it out, what does it mean? Like I said, what types of activities can be done? Older kids or even young kids are going out on the Internet to learn more about it. Although on the Internet, a lot would be kind of clinical definitions, a lot less about what a child would experience, although there’s quite a few parenting resources that could be helpful. So right now I want to play a video of Megan who talks about figuring it out in her life.

So you noticed in that video a tween talking about what she noticed. And I think the thing that comes across to me is that she is trying to make sense of her world. I mean she knows that her dad was deployed. She may not know at all what happened while he was deployed, and yet she’s observing all these things from when he first came home. Maybe on another deployment it was just sort of regular, you know, like she said, you know, happening infrequently, and all of a sudden it’s happening more frequently, what’s happening, and noticing what’s happening in the family. So her world view is, what she has kind of put all the pieces together, maybe little pieces here and there. And it’s actually pretty telling that she put this all together just from her observations and talking with her parent.

I think working clinically with her would be -- you know, she really does have a good understanding of how it impacts her life, and maybe how it’s impacting her father’s life, where, you know, he’s like a shell, she probably knows, you know, how that impacts the day-to-day life within her family. So it can be a really good starting point to start the discussion with her to figure out, you know, how is she going to cope and what assumptions she’s making. Next slide.

So the last two topics I showed actually have -- those video clips are from the Military Kids Connect website on the PTS and physical injury modules. We are currently creating the mild traumatic brain injury module. But I wanted to share with you one video clip in just a second, but talk a little bit about what we’re providing there. So, again, the thing with the traumatic brain injury is that it is invisible in the sense that you don’t necessarily see it. The children are observing it, and it can be physical, as well as psychological impact. They can be moody, just outbursts of anger, they sleep all the time, can’t remember, can’t physically do things around the house, and, really, kids are also thinking, okay, before they were like this and after they’re like this. And, you know, part of the figuring it out is understanding, you know, how it might have happened, but it’s really difficult, because with the brain, for traumatic brain injury there can be many different types of injuries in terms of what part of the brain is being affected and how that actually ends up showing itself in terms of a behavior.

Kids may not understand the brain at that point, and they don’t know, well is it going to get better. Well, you know, it’s kind of hard to say it if it’s going to get better in this case. It’s very ambiguous. How long is it going to happen? Is it going to be, like, tomorrow, or is there something the doctor can do to make it better right away, or how long is this going to go on, or will it ever get better?

When I was actually reviewing all the videos, and all four of these, but right now with this, I was taken back at how stressful this particular injury was because of the unknown in terms of getting better and how to try to figure out -- you know, they see what happening but they can’t necessarily see how it connects. So I wanted to show you one of our videos that we have put together, another mini documentary about Shanese [ph] talking about her experience with her dad’s TBI.

So, as you see in Shanese’s [ph] video, she just really wants her family to be like other families, so trying to work that out with her and, you know, coping with that, but showing also the strengths that she has in dealing with it. And then finally, the area of grief and loss, we also did micro docs -- what? Oh, next page. So we did micro docs also about children who had lost their parents. Most of the children that we spoke to, their parent had been deceased for probably around five or six years, so the older children, a lot of them actually were very young when their parent died. So finding out, there are so many circumstances

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about finding out, and it's their worst fear come true. Not only did they worry about the safety and security while this actually happened, their parent had died. Certainly rituals are really important to families, but one of the coping or support systems that they lose is, often, they have to move away from or out of the installation if they are actually living there. They don't have access to military services anymore. So what I would like to play here is a video by two sisters talking about a ritual that they have with their dad, visiting his grave.

So in the interest of time, I'm not going to show the other video, but I did want to show you an example and, you can play it -- you have access to it, either on the website or downloading it from this webinar -- is how kids make sense of the death of their parent in the military and, often, how proud they are of the service that their parent did for our country and proud to honor him. So in the next slide, Page 37, certainly grief and loss, the death of a parent is, you know, obviously a permanent loss and changes the family quite a bit obviously, and this loss to the military community. And the idea from the family is will they be forgotten, not only their deceased parent but them as a family, so they're dealing with this loss, but it's not being recognized. Example, even just in the reserves, not even being in a military community, they don't really lose the military community on that day-to-day basis, but, you know, grieving can be very lonely and isolating because they don't have the community support.

But there are many resources that are available to us. There's quite a few support groups. There's a lot of camps for families and kids to go to specific to the military; as well, a lot of grief and loss camps are adding in military components, and a lot of them are free. But I also wanted to mention kind of the grief around the injury, where they lose a parent -- I mean their parent is injured and then the family is not the same, so they have to actually change for that.

And then the next slide, an interesting slide, I did want to mention a few things that are happening that could influence the family. For example, I mentioned the transition from military life to civilian life, their parent has to get a job. They're not employed any longer. How long is that going to take? Do they have the finances to cover that time period? Are they trained? And even something simple, I've talked to various service members in sense that, "Gees, we didn't even know what to wear in the morning. We always wore our uniforms," and now they have to figure that out.

And then women in combat, I know we know a lot about military fathers dying, but what doesn't mean of military mothers dying? Is that a different dynamic or a different situation for their family and children? Also, same sex parents in the military, you know, what does that mean to the children and the support they get? And then I put "drone warfare" here because what is different here is that a service member may be living with their family, go for the day, you know, do the warfare, and then come back at the end of the day to be with their family, and what is that transition like, and so on; and then conflicts that are going to arise.

So the next slide, just kind of a quote by Conroy that I think is really telling, and certainly what I've learned over the three years that I've been working in this area is kids deploy too, and they do hold onto each other together and they're everything. They're everywhere. So finally, I just wanted to briefly talk about Military Kids Connect, but I believe there is going to be a video.

So this is a video, certainly about Military Kids Connect, but let me tell you just some brief information about the website. So it's been available for a year-and-a-half, and Military Kids Connect is about connecting kids with each other. It's activity based in that there are fun and engaging things to do like games and interactive maps. We have a comic creator. And the purpose is to, you know, enhance the coping skills and the quality of life of military kids today.

Some of the connections are, we have a message board where kids can talk back and forth to each other, not in real time. It's moderated. We have commenting on videos. We have many personal stories around deployment, families integrating, and then micro docs around these different topics that we mentioned here. We have stress management tools that kids can put together, plan, as well as body awareness, a type of activity where they can learn what stress feels like in their body. And then we have

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two other things, parent and educator track. The parent track is there are parenting videos, and experts talking about how parents can help their kids, given the different circumstances like post-traumatic stress.

As I mentioned earlier, parents want educators to know about their kids, and so we actually created a military culture video of educators talking to educators, which is really informative. So as a health-care provider, this is a great resource to tell military children and families about, but also it can be a resource cycle in education in your clinical work, not only for the children but a parent that's dealing with these issues, as told from the kids' perspective. It could be used in a homework type of situation in care. It could be used to augment symbols to get some of the tools available. So overall, it has been really helpful. We have gotten really good response for kids doing this.

And one of the reasons for doing this particular webinar this month is this the month of the military child. And we actually have a challenge out there where parents can do a game challenge with their kids and who gets the highest score. We wanted to improve parent/child interaction as a connection as well. So try it out, and thank you very much for participating in the webinar.

Dr. Blasko, thank you for a very helpful presentation. At this time, if there are any audience members who have a question that they would like to submit to Dr. Blasko, please go to the question box. We're monitoring this question box, and we will forward questions to our presenter for response. If you have not already done so, you may submit questions via the question box located on the screen, and we'll respond to as many questions as we can as time permits.

And as you begin to fill in the question box for us, I just want to point out the significance on Slide 5 that Dr. Blasko covered for us. And basically it talks about the fact that if the military member was in the military since 2001, any child they have is aged 11 or younger, 100% of their life has been spent in the military on a wartime footing. And if they have a child 17 or younger, at least two-thirds of their life has been spent in a wartime footing. And if you remember the slide that she had that followed that, that means that at least one-million parents have children that have experienced this wartime environment.

All right, we have a couple of questions, Dr. Blasko. One of these questions asks, "Are there web-based programs that can help with family integration?" And again the question is, "Are there web-based programs that can help with family integration?"

That's a good question. There are web-based programs in the sense that there's information. There is a website, Afterdeployment.org, that actually talks about different issues that a service member may have or a family have. There are actually a parenting and relationship modules there. There are some assessments that can be done to evaluate, you know, how your family is doing or what issues are coming up. Of course, you know, there's Military Kids Connect, and I think Military One Source has some emphasis, certainly on reintegration. But in terms of an actual evidence-based, practice web-based, I'm not familiar with anything around that. But certainly more and more are being developed, and that's our focus now in military kids to keep adding content around that topic.

Great. Thank you. Another question that we have has to deal with parent that have to go on long deployments of at least 12 months or more. As you know, they're given sometimes a month R&R to return back to their families, and can you kind of address how you can help a family prepare for that R&R, and then how do they prepare for that re-separation that's going to occur before the parent redeploys?

Yeah, that actually is a very common thing, like you mentioned on long deployments, and it is extremely difficult for the family, and it does depend on the children's ages as well. You know, young children, when their deployed parent comes back, don't have a sense that they're going to go away again, and don't have a sense of time. So the at-home parent would certainly have to set the expectations for any of their children, regardless of the age. You know, they're coming but, you know, it's only going to be for this amount of time. Also, the two parents could work to kind of have a structure or a family kind of routine that could easily integrate the deployed parent into the family structure quickly and to have family events through that period of time to spend quality time together, but also to keep reminding, you know, that they

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will be leaving at this time so there's really not unknowns. Providing as much information as possible, what's going to happen is important.

And I'd like to just piggyback on that. As a psychologist who has been deployed, I often had deployers come to me and say how difficult it was for them to get geared up to go home because it was a very difficult thing to go home and then have to go back to the deployed environment. And we just had to remind them that they had to put that aside and be very excited to be home, because otherwise their spouse and their children would take that very personally. So they really needed to do it for the good of the family when they were returning.

All right, our next question has to do with the effects of multiple deployments. Have you seen the effects of multiple deployments on children, and how would you help to alleviate some of those effects?

I haven't seen it clinically. In children that are talking about it, I think the hardest part that seems to come up is that they go through one deployment and they're like, "Oh, second deployment, oh, this is going to be the same." But it isn't necessarily the same. The mission may be different. They may not be able to communicate how they did in the previous deployment, and so it's kind of like it's almost like, you know, they experience it so they're like an old hat at this. But things change. Kids change developmentally. The parent changes and may not have completely kind of, you know, healed or reintegrated from the last deployment, so there's a lot of day-to-day type things. I keep saying about the unknowns and the expectations. As much information that can be provided or given to kids and families about these changes, it's just incredibly helpful.

Okay, thank you. There's a question about spouses and deployment. The question is, "Should the spouse stay on the military base when their loved one deploys, or should they relocate to where family is located?" And I think I can answer that one. I've seen that quite a bit in my practice. And basically we tell people it depends on the case. If they have an extremely supportive family that they're going to be moving next to, then by all means, that would be the case. But very frequently people forget that they have a strong supportive network on the base or fellow spouses that are going through the same experiences, and so there's a lot to be gained from that shared experience. So we just help them to make an educated decision when they do that.

All right, there's a new question, it basically asks, "At what age would you review with your child the experiences your spouse had when they were deployed?"

Well first of all, I think sometimes it depends on the questions that the children are asking, and certainly to talk to them, you know, where they are developmentally and knowing that. And if you don't know, you know, what you should share or not share, would be to talk to a counselor or someone familiar about children and this topic to really get a sense of what's best to share. I mean I don't think it's incorrect to share any information. I just think it has to be tailored to the needs of the child and what they can realistically understand.

Okay. Thank you.

And what questions they're asking -- I'm sorry.

Okay. Now we have a question about visiting an injured parent in the hospital. The question really is, "Do you recommend letting children visit their injured parent, and if so, how would you help prepare them before the visit?"

Similar to what you said, Colonel Campise, about every case is different. I think there is not one answer in terms of whether they should visit or not. In many factors the child may not want the visit. The parent in the hospital may not want them to visit, and it's a difficult situation. But if the decision is made to visit or they want to visit, to prepare. It seems like a lot of it is about their environment, understanding what's going on in the hospital, how their parent is being taken care of. When they get there, what will their parent look like? What do the different nurses and doctors do? What are all the machines, all the kinds of

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things that they would see and notice, and to be open any questions they might have. And a lot of the medical staff are very familiar with how to help parents prepare their children for a visit.

Okay, thank you. There's been a question about social media and its positive and negative effects on children, especially when their parents are deployed. "Do now know if there are any studies that are specifically looking at the advantages and disadvantages of exposing kids to social media?"

I think I am not aware of specific studies. I'm sure it is in the making. I do know it's positioned more in terms of the use of the Internet and how much time they're doing that. But I think it also depends on what the kids are looking for in their social media. So in the case of Military Kids Connect, we have a message board for military kids to talk to other military kids about the issues related to their life that are similar, and so they're actually seeking that type of peer-to-peer support. And we're seeing very positive responses and support with kids. Now if there was just kind of like going out and socializing kind of more generally, it's not clear to me what type of support they're getting or what they're actually looking for. So I think in some cases it's positive. In some cases it may not be.

Okay, thank you. You seem to allude in the presentation that the children, for the most part, did as well as their parent did, so what could a concerned neighbor or loved one do if they felt that the family member left behind was struggling and to help them get the that they need?

I think if I was a concerned neighbor, certainly I would approach the parent, but with the understanding that I can't make them do anything. I can certainly, you know, look at resources that I'm aware of, particularly like if the other person is a military spouse, but just to lay out the options so that the parent has options for getting care that fits them, and also knows that you're concerned, and that can often be very helpful. But, really, it's pointing the parent to potential resources so they can go and get care.

All right, well thank you. There's a question about the Reserve and the Guard. If someone needs help that's a Guard member of reservist, where could they go?

One place, as a web-based, is Military One Source. They can go. It's an online service that covers all kinds of particular questions. I'm familiar that the National Guard also has, kind of at a higher level, services as well that take care, like a family advocacy program. They have the yellow ribbon-type services. But Reserve, I'm less familiar with in terms of the overarching organization of it. I think it's a little bit more isolated. But to that point, Military One Source would be able to connect those service members to the right resources, or they can call in an ask.

Yes, I'd like to just add that Military One Source would be glad to help them. And as a matter of fact, next month, our webinar is on mental health and the National Guard and the Reserves, and that's on May 16th at 1:00 o'clock. So those of you who are interested in that topic, please feel free to call in for that.

A new question we have is, "Are there advantages and disadvantages to military children attending school on a base or in the civilian world?"

Yes. So children that attend school, like, on base have that, I guess, added luxury that that they are with kids -- the peers that their parents are in the military, whether they're deployed or not, so they can actually rely on each other on a day-to-day basis. Also, a lot of the teachers are more informed on the military culture and the struggles over different things that are happening to their family, and they may be able to notice behaviors and help, you know, give the kids suggestions of how to cope or talk to the parents specifically about what the child might need.

Now if they live off base or in the civilian world, they won't have that, necessarily, military child peer support, so that could be at a disadvantage. And, also, in civilian world a lot of kids don't identify as military. They don't know to. And a lot of the civilian-world schools don't even capture that type of information. Now Military Children Education Coalition has been working to try to get that to change. So teachers may not even be aware of what's happening and can't understand, so that would be a disadvantage for a military child in that type of school. Although now there are military impacted schools,

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which are off base, that have some bigger, larger populations of military children, but not necessarily all military children, and that can be nice. Educators can also go out -- and just for Military Kids Connect we have lesson plans where they can actually help civilian children understand more about what their peer might be going through. So I guess I would see the benefit for on-base school is that they have a bigger support system, and in the civilian world that they're somewhat hidden, not that they wouldn't -- you know certainly they're getting an education in both cases, but it's just their social support is very different.

Okay, thank you. We have time for one more question. I think it's a very relevant question that has been asked numerous times by parents, and I'm going to have to read it because it's rather long. It's "Some families use a guardian to care for children when both parents deploy. The guardian may not be part of the military community. What are some of the tools to be able to assist the military children and their guardians who are not familiar with the military; for instance, a parent or an aunt or an uncle? "

Well that's really -- also a grandparent, we also were talking with a woman who was a grandparent with taking care of her grandchildren while her daughter was away, and she was at a loss of what to do. First of all, Military One Source is still a very, very good resource for understanding the services. There's a lot of materials also about military that could -- like kind of how the culture is that their parent could share with that the person that's taking care of their children, the guardian. They could also make aware what the services would be available for children. And like I mentioned, there's other things like Afterdeployment.org, even though it's after deployment, there are some things about parenting that would help them understand the military culture and types of things that children need. And to also, you know, keep the communication as much as possible between the guardian and the deployed parent and children to kind of keep that connection.

All right, that brings our questions to close. Dr. Blasko, I just want to thank you again for your outstanding presentation and the work that you're doing to help military families.

Thank you.

Today's presentation will be archived in the monthly webinar section of the DCoE website. To access the presentation and resources list for this webinar visit the DCoE website at DCoE.health.mil/webinars. An edited transcript of the closed captioning will be posted to that link. An audio recording of this webinar will also been available as a downloadable podcast. To help us improve future webinars, we encourage you to complete a feedback survey. Is this link is available on the DCoE website.

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Again, thank you for attending today's webinar. And in closing, Dr. Blasko, thanks once again for your help.

Thank you very much.

And the next DCoE webinar topic is "Mental health and the National Guard and Reserves," and it's scheduled for May 16th, 2013, from 1:00 to 2:30 Eastern Time. Thanks again for attending. Have a great day.

Once again, thank you for your participation on today's call. You may now disconnect.